



VOICE OF THE DIABETIC

A SUPPORT AND INFORMATION NETWORK

The Diabetics Division of The National Federation of the Blind

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Voice of the Diabetic is a national publication of the Diabetics Division of the National Federation of the Blind. It is read by those interested in all aspects of blindness and diabetes. We show diabetics that they have options regardless of the ramifications they may have had. We have a positive philosophy and know that positive attitudes are contagious!

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An address delivered by
Kenneth Jernigan at the
Convention of the National
Federation of the Blind
Phoenix, Arizona
Thursday, July 2, 1987

Sometimes it seems as if the airline hassle has been with us forever, but this is not the case. Prior to the 1970s blind people almost never experienced problems in air travel. We bought our tickets, went to the airport, boarded the plane, traveled to our destination, got off, and went about our business just like everybody else. If one of us wanted help in boarding a plane or making a connection, the assistance was requested and given without a thought.

Then, something happened. Ironically it was caused by the increasing emphasis on affirmative action for the handicapped. One would have thought this would have been a positive step, but it wasn't — at least, not for the blind. Airline personnel did not become knowledgeable overnight or lose their prejudices just because somebody told them to engage in affirmative action. Mostly (with respect to air travel) the blind didn't need any affirmative action. We were doing fine just as it was. But the airlines were into affirmative action, so they had to think up something to do to help us — whether we needed it or not and, for that matter, whether we wanted it or not.

They began by lumping all of what they perceived to be the

handicapped together — wheelchair users, the blind, the deaf, the quadriplegic, the cerebral palsied, and everybody else they could think of — including, very often, small children. Next they cataloged what they believed to be the problems, needs, and characteristics of each of these groups and then assumed that each item on the list applied to every member of the group they had included in the category of the handicapped. The resulting mythical composite was a monstrosity — totally helpless, totally in need of custody, and totally nonexistent except in the minds of the airline officials. There is not now (nor was there ever) any such person as the "airlines' standardized handicapped air traveler," and the problem comes from the fact that the airlines (and, to some extent, the federal regulators) persist in acting as if there is.

In the mid-1970s there was talk of limiting the number of handicapped people who could ride on the same plane at the same time — and whether it made sense for anybody at all, it certainly didn't for the blind. Nevertheless, just because we were perceived as part of the "handicapped," we were caught in the net and included. By a good deal of rather strong persuasion we got that one stopped. Then, a short time later, there was the question of whether we could keep our canes with us at our seats. This time it took a court case, a series of angry confrontations, a few arrests, a lot of publicity, and a sizable amount of Congressional

pressure — but ultimately (with some notable exceptions, which still continue on a sporadic basis) we mostly got that one stopped, too.

The problem was always the same. We were not individuals; we were not ordinary passengers, with the normal range of abilities and differences — we were "the handicapped." Air travel (which had once been a pleasant experience) rapidly came to be an ordeal; and as the confrontations continued, both airline personnel and the blind began to be sensitized and braced for trouble.

By the mid-1980s the blind were engaged in all-out war with the airlines, and although there has been measurable progress, that is where we still are today. Examples of occurrences during a two-month period in 1985 will make the point.

Dr. Charles Hallenbeck is a tenured professor at the University of Kansas at Lawrence. On Monday, May 13, 1985, he had occasion to fly on American Airlines from Newark, New Jersey, to Kansas City. As he said in a letter to an airline official, "My colleague, Professor Margaret Schadler, and I were returning from a professional trip aboard American flight 47 from Newark to Chicago, changing there to American flight 119 to Kansas City. I am a blind person and travel with a dog guide. Professor Schadler is a sighted person.

"The actions of personnel aboard flight 47: 1. prevented me from maintaining a pre-assigned (Continued on page 2.)

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A Word From The Editor

by Ed Bryant

Hi Friends! There has been a veritable explosion of activity within our division and our newsletter growth rate over the past 21



Ed Bryant, Vice President of the Diabetics Division of the National Federation of the Blind, serves as editor for its newsletter *Voice of the Diabetic*. He has been an insulin-dependent diabetic for about thirty years.

months has been prolific. We initially had a circulation of about 600 and now it is well over 8,000. We hear from many diabetics who have experienced ramifications of the disease and we are bombarded with questions about many facets of diabetes. We hear from many blind diabetics who, until our publication began, did not realize that they could be independent and self-manage their disease by accurately drawing up their own insulin, testing their own blood sugar levels, and in short, just doing things that everyone does, whether they are sighted or blind.

This newsletter is the main vehicle by which we let our members' voices be heard. We have a positive, upbeat philosophy and know that such attitudes are contagious. Some people want to just read and be enlightened about diabetes and its complications, while others need a helping hand to get over hurdles in the road. Sometimes it is very helpful, when experiencing a diabetic complication, to communicate with someone who has "been down the same road." If you know a diabetic who would like a complimentary copy of our news-

letter, please let us know, and we will send one for his or her review.

The Diabetics Division of the National Federation of the Blind and I, in particular, send a special thank you to our parent organization, The National Federation of the Blind (NFB) who provides us with a grant which allows us to publish *Voice of the Diabetic*. Our newsletter has grown so rapidly in popularity and size that we ask you, our reading audience to consider a tax deductible donation to help with this publication. This will not be a long spiel where I ask for money, but if you have it in your heart and you are able to do so then please consider making a contribution to the NFB. We would be more than happy to send you additional literature about our organization. Incidentally, there is no paid staff in the NFB Diabetics Division. We look upon our work as a labor of love, and know that we are helping many people.

The Diabetics Division of The National Federation of the Blind has grown so rapidly that I, as editor, am no longer able to handle this job in my home.

My office was in one corner of a study which made it difficult, to say the least, to edit and produce a quality newsletter. I also applaud my wife because she had to con-

tend with a constant barrage of phone calls and no matter what room she traveled to she would run into newsletter materials. As a result of this, I now have a new editorial office. Henceforth, you may contact me at:

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WHAT'S COMING UP:

Our next newsletter issue (vol. 3, No. 1, January-March 1988) will deal exclusively with transplantation. Many diabetics experience renal failure, making it vital that they know about kidney transplantation and dialysis. Many do not realize that if their kidneys quit working they must undergo dialysis treatments for the remainder of their lives or have a kidney transplant to remain alive. More important is the unfortunate fact that a high percentage of diabetics who undergo dialysis treatments have a greatly shortened life span. This issue will have a circulation of over 30,000 and will provide pertinent information to many people. Have a good day and remember: If you have any questions or suggestions please let us hear from you.

Air Travel

(Continued from page 1.)

seat adjacent to that of Professor Schadler; 2. required me, after being comfortably seated, to abandon my pre-assigned seat and move to a bulkhead seat for a patently false reason; 3. required another sighted passenger to abandon his seat in the bulkhead area so that I might be required to sit there; 4. required the other passenger to move to the seat with Professor Schadler which I was required to relinquish; 5. compensated the stranger, whom Professor Schadler later described as a 'less than sober cargo pilot, who insisted on conversation,' with two free drinks, courtesy of American Airlines, while making no similar gesture to me; and 6. required my dog guide to move from an ordinary seat (row 15, which is not an exit row), where floor space was generous due to the availability of storage area beneath the seat ahead and to move to the bulkhead area, where floor space is limited due to the absence of such storage area. The pretext for requiring us to move in the fashion just described was 'for the dog's comfort.' When I pointed out the more ample space and increased comfort which my dog enjoyed in our pre-assigned seat in row 15, the flight attendant shifted to another reason, which was that 'we have

our rules.'"

On the flight from Chicago to Kansas City Professor Hallenbeck was allowed to travel in peace in a seat next to Professor Schadler. The constancy and severity of abuse to which blind air travelers are being subjected can be seen in Professor Hallenbeck's assertion upon leaving the plane in Kansas City that: "I felt irrationally grateful when the flight was over, grateful for the simple courtesy of having been treated like anyone else."

Early in July of 1985 Steve and Nadine Jacobson were traveling on a United Airlines flight. Knowing of the senseless abuse and humiliation to which blind passengers seated in exit rows had been subjected, they specifically asked not to be assigned to exit row seats. Nevertheless, they were assigned to exit row seats and then publicly embarrassed by being rudely and loudly ordered to move. When they felt that this was too much and refused to comply, they were arrested, bodily hauled off the plane, physically injured, taken to a jail, strip-searched, and confined to a cell — and all in the name of safety.

When Peggy Pinder was traveling on an Ozark flight in July of 1985, she was treated in a manner which could hardly be believed if it were not irrefutably documented. Here is how she tells it:

"Some time ago, Ozark trans-

cribed info Braille the printed safety cards placed in the seat pockets for sighted passengers. I read one once, and if contained information I already possessed about safety on Ozark planes.

"On this particular day I boarded without incident. After the plane was in the air and the seat belt sign had been turned off, a flight attendant (later identified as Kay Dama-so) came to my seat and stated she had a safety booklet that I was to read. I replied that I was a regular flier with Ozark and familiar with the material in the booklet. Kay replied that I was to take the booklet and read it anyway. I replied that Kay had done her job by bringing the booklet to me and that she was not responsible for making me read it. Kay then said that if I would not read the booklet in her presence, I must answer to her satisfaction a quiz concerning the safety features of the plane. At this stage, I had had enough and refused."

During the remainder of that flight Peggy Pinder was threatened and victimized. She was falsely told that there was an FAA man on board and that if she would not read the booklet, she would be reported and fined. She was told that she would not be allowed to board her connecting flight unless she would read the booklet or pass the quiz. She was repeatedly insulted and badgered until the plane land-

ed, and she was then pursued off the plane by the flight attendant, who still wanted her to read the booklet. Insanity? Of course — but it happened, and airline officials later admitted that it happened and disciplined Kay.

If this were an isolated instance, it could be chalked up to madness and forgotten, but it isn't. Considering the public statements and the everyday behavior of the airlines, it is exactly what can be predicted from airline cabin and ground personnel. They engage in their bullying and mistreatment of blind passengers in the name of safety, but this does not excuse what they do or make it safety-related. A thing is not necessarily what it is called.

During the past two years blind people have been ordered to pre-board, post-board, prove that they can fasten or unfasten their seat belts, and sit on blankets so that the seat will not be soaked or fouled in case they cannot make it to the bathroom. Attempts have been made by airlines personnel to take children from their blind parents as they walked together from the plane, and efforts have been made to confiscate the tickets of blind passengers to force them to sit in a special "holding room" in Chicago to wait for a connecting flight, which might be hours later. Above all, blind people

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Air Travel

(Continued from page 2.)

have been told that they cannot sit in exit rows.

The Federal Aviation Administration, which is charged by law with making rules for airline safety, is well aware of the exit row argument. Yet, they have made no rule prohibiting blind persons from sitting in exit row seats. They have gone farther. I have personally heard FAA officials say that they do not believe the exit row seating question has anything to do with safety. Then, why do the airlines do it?

Their actions probably result from a combination of factors. In the first place they have the standard misconceptions and false notions about blindness. To put it in its simplest form, they believe that a blind person is just about as capable and can do just about as much as they could do if they were to close their eyes — which is, of course, complete nonsense. It is about as reasonable as saying that the average member of the public can determine what a pilot can do by going into the cockpit of a modern jet plane and beginning to flip switches. Also, the airlines have been under pressure to prove that air travel is safe, and one way to make a visible demonstration is by showing that they have done something tangible — like telling blind people they can't sit in exit rows. After all, it doesn't cost anything, and in relation to the total traveling public there aren't many blind people flying. In other words they think they can do it and get away with it.

I am not suggesting that airline officials are bad people — only that they are *human* people. Whatever else may be said about their policies, they are certainly not based on safety. Since the question of whether blind people can sit in exit rows is at the heart of many of the recent confrontations, let us examine it. I have held conversations with top officials of United, American, and several other large airlines. I have said to them that if safety is their prime concern, perhaps they should refuse to let anybody fly. That way there would be absolutely no risk that anyone would ever be hurt in an air accident. But, of course, this is not acceptable, because there is a need for people to get from one place to another; so a certain amount of risk must be taken.

Then, since we are going to fly, perhaps the airlines should refuse to let anyone sit in exit rows except strong, vigorous, trained airline personnel. This would maximize the likelihood of the safe evacuation of the plane in case of emergency — but this, too, is unacceptable to the airlines. Therefore, not only the need to travel but also

economic considerations enter the picture.

Very well, I have said, if the planes are going to operate and if (despite reduced safety) trained personnel cannot be seated in the exit rows, perhaps it would be sensible not to serve liquor to anyone sitting there — but even this the airlines refuse to consider. They say that the flying public would not like it. So we are not only dealing with the need to travel and airline economics but also with people's feelings — everybody's, that is, except those of the blind. I have even suggested that the airlines might ask for volunteers who do not intend to drink to sit in the exit row; but this, too, they find unacceptable. They say that it would make the passengers uneasy and would be inconvenient. Yet, they are perfectly willing to inconvenience blind people to the point of public abuse, arrest, strip-search, and jail.

The airlines are probably the nation's biggest bartender. Despite their claims to the contrary, they knowingly and repeatedly (in order to make money) serve liquor to airline passengers to the point of making them drunk. Here is a case where they are not only not concerned with safety but are themselves deliberately and premeditatedly violating it by making passengers less safe and less capable in the event of an emergency than they would otherwise have been. Many states have dram shop laws, which say that the person who sells you the liquor is responsible for accidents or damages resulting from your conduct. Why should the airlines not be held to the same standard — not only while passengers are on the plane but also after they leave the airport and are driving in city traffic? It is because no one has brought it to the attention of the public and challenged them. We have not sought confrontation with the airlines, but apparently we must either accept custodial treatment and second-class status or fight a war. We are not prepared to have the one, so obviously we must have the other. Very well. So be it. We will try to acquit ourselves with credit.

I have a strategy to suggest to you concerning the liquor question. I call on every state affiliate, every local chapter, and every member of this organization to ask all of the sighted persons you know who are planning to fly to make careful and detailed notes from the time they board the plane until the time they leave it. Let them count the number of drinks sold to passengers — all passengers, but especially those in exit rows. Let them observe who is drunk and still being served liquor. Let them introduce themselves to drunk passengers and learn their names, not indicating the purpose.

After the flight, let them continue to be on guard. If they hear of an accident, let them try to learn whether it involved a passenger who was on the plane. Let them put their notes into affidavit form, and let us collect such a detailed mass of evidence that it cannot be denied or refuted. Let the nation's biggest bartender prepare to meet us in the war which we never sought and never wanted but which we intend to win.

On April 14 of this year Mary Ellen Reiheing (President of the Baltimore Chapter of the National Federation of the Blind of Maryland) went to BWI Airport to talk with Wilfred Jackson, the Airport Manager, and Peter Taliaferro, Assistant Attorney General for the State Department of Transportation. Miss Reiheing told Messrs. Jackson and Taliaferro of the problems blind people have been having in air travel and reminded them of the state's white cane law, which specifically prohibits discrimination against the blind in travel. She suggested that it was inappropriate for the police to comply with airline requests to remove blind passengers from airplanes because of their refusal to move from an exit row seat. She pointed out that under Maryland law (a law which applies at the airport as well as anywhere else) the right of the blind to equal treatment in travel must be protected. As evidenced by the following documents, Messrs. Jackson and Taliaferro agreed:

Offices of the Attorney General
Department of Transportation
State Aviation Administration
Baltimore/Washington
International Airport

MEMORANDUM

TO: Wilfred A. Jackson
Manager, BWI Airport, and
Cpt. Robert Graham, Commander,
Maryland State Police
Airport Division
FROM: Peter W. Taliaferro
Assistant Attorney General
SUBJECT: Seating rights of blind
people on air carrier aircraft

DATE: April 14, 1987

The National Center for the Blind is located in Baltimore. Consequently, BWI Airport accommodates a higher proportion of blind travelers than most other airports. In dealing with air carriers at BWI, the following points may be of value:

1. There is no federal or state statutory or regulatory law that compels air carriers to seat blind people in any particular fashion on aircraft. For example, there is no law barring blind people from sitting in seats near aircraft exits.

2. There are federal and state

statutes barring discrimination against blind, and other handicapped people in the provision of air transportation. Section 404(c) of the Federal Aviation Act of 1958 as amended October 3, 1986, by Public Law 99-435 (49 U.S.C. Section 1374(c)(1)) provides in part, "no air carrier may discriminate against any otherwise qualified handicapped individual, by reason of such handicap, in the provision of air transportation." Article 30, Section 33(d)(1) of the Annotated Code of Maryland provides in part:

"The blind or visually handicapped are entitled to full and equal accommodations, advantages, facilities, and privileges of all common carriers, including ... airplanes ..., or other public conveyances or modes of transportation ... subject only to the conditions and limitations established by law and applicable to all persons."

As soon as we received this memorandum in the National Office, we made multiple copies of it and began distributing them to blind persons traveling from BWI Airport. The value of this practice was not long in being demonstrated, as witness the following declaration prepared by Sharon Gold, President of the National Federation of the Blind of California:

1. My name is Sharon Gold.
2. I reside at 1233 47th Avenue, in the City of Sacramento, which is located in the County of Sacramento, California.

3. On April 26, 1987, I was a passenger aboard American Airlines flight #885 traveling from Baltimore-Washington International Airport to Dallas-Fort Worth International Airport on my way home to Sacramento.

4. During my stay in Baltimore I met with Michael Baillif of California, who also happened to be returning home via American Airlines flight #885.

5. Mr. Baillif and I are legally blind, and at all times we each carry and use a long white cane.

6. At the airport and prior to the boarding of flight #885, Mr. Baillif and I approached the American Airlines ticket counter and requested a change in seat assignment so that we could be seated together during the flight. The ticket agent advised us that the flight was full and that we would have to keep our assigned seats of 9-B, for me, and 18-A, for Mr. Baillif, unless the gate agent would have more up-to-date information which would allow a change in seat assignment.

7. Mr. Baillif and I proceeded to Gate D-3, where we approached the gate agent and once again inquired as to the availability of adjacent seats. The gate agent advised us that we would have to keep our assigned seats unless we could

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I Am Now Independent

by Don Hoff

(Editor's Note: Don thinks that he first heard about the Diabetics Division of the NFB from his library in Lincoln, NE. He's glad he found us and we're glad to welcome him as a new member of our organization.)

Positive experiences do happen to people out of what, at first glance, seems to be a curse. In past years I have struggled with the fact that I have a common but severe disease called diabetes with complications which manifested later. Being blind, I thought I would lose some independence due to the disease until I became acquainted with the Hines Blind Center for veterans in Hines, Illinois where I learned how to independently manage my disease and much, much more.

I found out that I was diabetic about nine years ago through a routine physical at the VA Hospital in Lincoln, Nebraska but I didn't believe it. My blood sugar was 280 which I now realize is high but I showed no other symptoms such as excessive thirst, frequent urination, etc.

Though I now know differently, circumstances with the medical personnel which followed enforced my believing the diagnosis was wrong. Several of the patients at the hospital said that the doctor was a diabetic himself, and that he wanted everyone else to be because he diagnosed most everybody to be diabetic or borderline

diabetic. Initially they put me on an 1,800 calorie diet along with the oral medication Diabinese but in about three to four weeks, they took me off the medication and said they thought my condition could be controlled simply on an 1,800 calorie diet. Unfortunately, with these two instances, I was convinced I wasn't diabetic so I slipped away from my 1,800 diet and did nothing else to control my disease.

After a few years passed I went to the doctor and found that, due to diabetes, I had nerve end damage in the buttock area around the hips. It was very very painful. My blood sugar was 380, but outside the nerve end damage, I had no other symptoms of diabetes.

The doctor again put me back on Diabinese, and controlled my diet but other complications started while I was taking it. My weekly office visits to test my blood sugar proved that the dosage of oral medication I was taking wasn't doing the trick. My blood sugar ran from 280 to over 300 so they increased the dosage of Diabinese.

Soon I began to develop other complications. I started experiencing quite a bit of numbness in the lower extremities, reaching the point where I could stick my feet in hot water and not feel it; I had to test the water with my hands. Eventually there was very little pulse in the lower extremities and the higher dosage of oral medication was not taking care of my



Don Hoff, right, stands in front of the Hines Blind Center with a friend. Hoff made many new friends here in his struggle to control type II, and later, type I diabetes.

blood sugar.

As a result of the increased complications, I checked into the VA Hospital in Grand Island, Nebraska. At the hospital they tried different oral medications for a couple of weeks but with no success. The doctor said that I would have to go on insulin but I resisted. He then said there was nothing else he could do for me, and that if I continued resisting insulin, I might as well check out of the hospital. I dreaded the idea but I knew that I had to get strengthened out so I consented to use insulin which stabilized my condition when it was administered in increasing dosages.

My fear was due to being blind. I

itized for pneumonia the patient will not have to receive it again.

Question 2: Why are diabetics supposed to have meals and snacks at regular hours?

Answer 2: There are good reasons why most diabetics should have their meals and snacks at regular times. However this will vary from one individual to another. For those not taking insulin injections the timing is less critical. On the other hand it is important that the meals and snacks be spaced out in some reasonable fashion in order to match the food to the insulin they produce and thereby achieve as good a level of diabetes control as possible. For those individuals taking insulin it is quite important that the meals and snacks be timed to correspond with the action of the insulin. Otherwise sugars will tend to be too high at times when there is not enough insulin and too low at other times when there is not enough food.

Question 3: What is the difference between an insulin reaction and a diabetic coma and how can the family tell?

Answer 3: In the case of diabetic coma not only will the blood sugar be quite high but ketones are produced which make the acid. The individual will be very sick. He may be vomiting and quite dehydrated.

Diabetic coma comes on gradually, usually over a period of several hours. On the other hand if the diabetic is blacked out with an insulin reaction he may appear to be asleep. He may be having jerking type movements or convulsions but will usually not be vomiting. Insulin reactions come on much more rapidly than diabetic coma, that is, usually over a matter of several minutes as opposed to several hours for coma. If a blood sugar can be obtained (these are frequently done by diabetics at home) one will find that the sugar is low during an insulin reaction but will almost always be elevated in diabetic coma. In the latter case the individual will be breathing fast in an effort to blow off acid in the form of carbon dioxide. During an insulin reaction he will usually be breathing normally and will appear to merely be sleeping or quite drowsy.

wanted to withdraw and administer my own insulin but I didn't know there were alternative techniques to accomplish this. I'm quite independent and I hate needles.

At this time I was very depressed and really didn't care much about living any longer. The fact remained that I had to be dependent on someone to withdraw and administer my insulin and I hated that. It wasn't until I learned about and attended the Hines Blind Center for veterans in Hines, Illinois that my feelings changed.

I recently returned from a three-month stay at Hines which turned out to be the most rewarding three months that I have ever spent in my whole life. I had never heard that there were different gauges that could be used to withdraw and administer your own insulin, as well as many other aids and appliances that they had.

After my three months at Hines, I returned home completely independent. I was gung ho, ready to go, full of enthusiasm, and my depression was gone. I can, and do withdraw and administer my own insulin. If you don't know about these gauges, you should. They are so simple. When you get ready to withdraw insulin, you attach the gauge to the plunger and you end up with the desired number of units. The gauges are pre-cut so you can withdraw the desired amount of insulin. Those of us who are blind and have somebody withdraw and administer our insulin know exactly what I'm talking about.

The Hines Center taught me so many things. Not only was I taught about the gauges, but I also had three mobility classes a day, for a total of three hours. Now I can go any place with my cane, with confidence. I also learned how to read braille pretty well. Due to the nerve damage in my fingers my sense of touch isn't very good, so I use braille.

This is such a great place and I learned so much that I will never be able to give the people who worked with me enough credit. If you are a veteran, blind, and are in need of help, I would highly recommend The Hines Center.

I said that I am now independent, and I am. I now my own lawn, I can do my own woodwork, I use braille to identify items, and much more. As time passed, I learned how to manage my reactions. If I knew I would be very active I would drink a glass of orange juice, eat cheese and crackers, or maybe a couple of Hershey chocolate kisses. That kept me pretty much in control and I haven't had any reactions because I know how to avoid them. I am not the exception to the rule, but instead I am like most blind people and can do whatever I want by using alternative techniques.

Ask Dr. James

by Ronald James, M.D.

For the past 37 years Dr. Ronald James has been an insulin dependent type 1 diabetic. He is now working with the Midwest Diabetes Treatment and Education Center in Columbia, Missouri, and is the medical director of the Central Missouri Diabetic Children's Camp, Inc.

Please Note: If you have any questions for Dr. James please send them to the editor. The only questions Dr. James will be able to answer are the ones used in his column.

Question 1: Do you recommend flu and/or pneumonia injection(s) for diabetics and if so, how often should they be taken?

Answer 1: I do recommend that diabetics obtain the "flu" and pneumonia immunizations. The "flu" immunization, of course, should be obtained every year. It is recommended that once immun-

A Message For Mary

by Joan Wolf

Have you ever wanted to be something else? Think about it now. Haven't you ever wanted to be able to "poof," magically change into something else? Take, for instance, being able to turn into a chocolate chip. Doesn't that sound nice? For some reason when I think of something I would like to be, a chocolate chip comes to mind. I guess you could say I am addicted to chocolate. I guess you could even say I am what is known in chocolate lovers' circles as a



Joan Wolf, a type I diabetic, tells of her secret passion for chocolate.

Implants May Help Diabetics Get Insulin,

(Editor's Note: This article appeared in the *Rapid City Journal*, Wednesday, April 16, 1986. This newspaper is published in Rapid City, SD.)

NEW YORK (AP) — A solid mixture of plastic and insulin implanted in rats released insulin in response to changing blood sugar levels, suggesting that similar implants may someday replace injections for diabetics, a researcher says.

The system would match insulin release to a diabetic's needs, and might work for other drugs in other diseases, said Robert Langer, Biochemical Engineering Professor at the Massachusetts Institute of Technology.

The work is at an early stage and treatment for humans is years away, he said.

But Kenneth Farber, Research Director of the Juvenile Diabetes Foundation International in New York, said such an approach might someday help prevent the blindness, kidney disease and other complications linked by increasing evidence to high blood sugar levels.

chocoholic. And I'm going to let you in on a little secret. Promise not to tell anyone? Good. I am also diabetic. "Diabetic?!" you scream. Yes ... diabetic.

The typical reaction I receive when I share with people my lifelong passion for chocolate brings up a point that I have had to deal with constantly in my 16 years of living with juvenile diabetes. For example, to illustrate my point let me introduce you to a non-diabetic friend of mine. We will call her Mary (you know who you are, Mary). One day, Mary began telling me in a very low voice about her secret passion for chocolate. "Sinful," was the word I believe she used to describe her love. I looked at Mary with great understanding in my eyes. Slowly I replied in an equally low voice that I, too, am passionately in love with chocolate. "What?!" she screamed loudly enough for the entire country of Canada to hear, "You're diabetic!!!!"

Well, Mary, I would like to tell you something. Yes, I am diabetic. Yes, I have to perform strange little rituals every day concerning blood, insulin, and needles. But Mary, I am also a person, a human being. Just because I have DIABETES (it's a disease, don't say that word too loudly), why must you insist on believing that I am exempt from experiencing feelings that "normal" people feel? Why can't I be in love with chocolate? Is there some rule that I haven't heard that bans diabetics from drooling upon entering a chocolate store? I too can love chocolate fervently. I too can laugh. I too can cry. I too can feel anything that anyone else can.

Yes, there are "can'ts" in my life. But I have come to discover many "cans" that somehow seem equal to or greater than the "can'ts" concerning my disease. Take, for example, poetry. I can write poems that would bring tears to the sourest lemon. I can compose piano music that brings lovely melody to my home. I can go to college and maintain an active social and school life. I can hike in the mountains. And yes, Mary, I too

can love chocolate with just as much lip smacking and mouth watering as you.

It saddens me when I encounter the stereotype people have created for diabetics or any other person who is handicapped in some way. Yes, I have a DISEASE (there's that shhhhhh word again) but that doesn't mean I do not still have ME. And "me" is a person who lives and breathes just like any other person. Granted, at times I must be creative and invent new ways to overcome special obstacles I encounter as a diabetic. But I am never exempt from the feelings and actions that come with belonging to the human race, with or without a disease. I am never exempt from being me. As long as I keep that in mind I will never be exempt from any part of life.

So once again I must ask you. Have you ever thought of being something else? Do you, by chance, ever wonder what it would be like to be a chocolate chip? Are you perhaps a secret chocolate lover hiding in disguise? What? You're diabetic? Well, welcome to the human race!!

Recipe Corner

Send your great recipes to the editor, Ed Bryant. He is the official taste tester and needs recipes to test his taster.

Pumpkin Pudding
by The Midwest Diabetes Treatment and Education Center from Columbia, MO

2 eggs
1/4 tsp. salt
2 tbs. liquid sweetener
1/2 tsp. allspice
1 tsp. cinnamon
1/4 tsp. nutmeg
1/2 tsp. ginger
1 1/2 cups canned pumpkin
1 1/2 cups evaporated skim milk
Preheat oven to 425 degrees. Combine egg, sweetener, spices,

and pumpkin, and blend well. Add milk gradually, stir until well-blended. Pour into baking dish. Bake 10-12 minutes then reduce heat to 325 degrees and bake until a knife inserted near center comes out clean, about 45 minutes.

Yield: 12 servings; Calories Per Serving: 65; Diabetic Exchanges: 1 bread (185 grams).

Old Fashioned Applesauce Cake
by The Midwest Diabetes Treatment and Education Center from Columbia, MO

2 cups sifted all-purpose flour
1/2 tsp. salt
1 tsp. baking soda
1 tsp. cinnamon
1/2 tsp. cloves
1/2 tsp. nutmeg

1 cup shortening
25 saccharin tablets (1/4 grain)
2 eggs, unbeaten
1 cup thick, artificially sweetened, cold applesauce
3/4 cup raisins or chopped dates (optional)
1/2 cup chopped nuts
1/4 cup water

Sift together flour, salt, soda, cinnamon, cloves, and nutmeg. Combine into large bowl shortening, saccharin, eggs, and beat mixture well. Add applesauce, raisins, nuts, sifted flour mixture, and water. Beat well. Pour batter into prepared 9 inch square baking pan. Bake in 350 degree oven for 45 minutes or until done.

Yield: 9; Calories Per Serving: 400; Diabetic Exchanges: 1 bread, 1 fruit, 6 fats.

Meatless Diet Seems To Reduce Risk Of Disease

(Editor's Note: This article appeared in the *Rapid City Journal*, from Rapid City, SD on Sunday, May 4, 1986.)

MINNEAPOLIS (AP) — Americans stand a greater chance of avoiding diabetes and some forms of cancer and heart disease by sticking to a meat-free diet, a 20-year study of Seventh-day Adventists shows.

According to the study, vegetarian Adventists were about half as likely to develop diabetes as meat-eating Adventists.

A key researcher in the study,

University of Minnesota scientist David Snowdon, said the study has caused him to reduce his consumption of meat, but he cautioned it is too early to draw the conclusion that meat causes diabetes or that a vegetarian diet really prevents it. "This is still a hypothesis," he said.

Results from the study of 26,000 California Adventists has drawn a word of caution from Dr. Phillip Waite, the former head of foods and nutrition for the American Medical Association.

"They (Adventists) have a different lifestyle," said Waite, who now directs the AMA's applied medical science division. "Some of this may be genetic, and they have a very low incidence of overweight and obesity."

Snowdon told the *Minneapolis Star and Tribune* that he and other researchers are looking into whether becoming a vegetarian or near-vegetarian in midlife reduces the risk of diabetes and premature death from heart disease and some forms of cancer.

The study, which found that the risk of diabetes increased with the amount of meat eaten, showed that men who said they ate meat only once or twice a week were only 30 percent more likely than vegetarians to have diabetes.

By comparison, those who had meat three to five times a week were 50 percent more likely, and those who had meat six or seven days a week were 140 percent more likely to have diabetes, the study indicated.

Air Travel

(Continued from page 3.)

find passengers onboard the aircraft who were willing to trade seats with us.

8. Mr. Baillif and I boarded the plane and took our assigned seats.

9. Mr. Baillif learned that the gentleman assigned to seat 18-B was traveling alone and that this gentleman was willing to trade seats with me so that Mr. Baillif and I could sit together. The gentleman came to my seat and advised me of his willingness to change seats. I, therefore, gave the gentleman my assigned seat, seat 9-B, and took his assigned seat, seat 18-B.

10. After I had occupied seat 18-B and before the flight left, a ground agent approached row 18 and advised Mr. Baillif and me that we were seated in an emergency exit row and that we would have to move because we were in violation of an FAA Regulation.

11. I explained that there was no FAA Regulation prohibiting the seating of blind persons in an emergency exit row, and I handed the agent a card on which is reprinted the current law relevant to the carriage of the blind and disabled by air carriers and, on the reverse side, a statement by Elizabeth Dole, Secretary of Transportation, issued to airlines prohibiting them from asserting FAA Regulations where none exist.

12. In addition to the card described in paragraph #11, I gave the gate agent a copy of an April 14, 1987, memorandum from Peter W. Taliaferro, Assistant Attorney General and Counsel to the State Aviation Administration for the State of Maryland, written to Wilfred A. Jackson, Manager of the Baltimore-Washington International Airport and Captain Robert Graham, Commander of the Airport Division of the Maryland State Police.

13. The ground agent left row 18 and walked toward the front of the airplane. The flight left almost immediately thereafter.

14. As the gate agent was leaving, the gentleman sitting to the right of me in seat 18-C, Joe Czarniecky of Crownsville, Maryland, began to complain that all of the carrying on by the airline officials was ridiculous and that he could see no reason why blind people should not sit in an emergency exit row.

15. Approximately three-quarters of the way through the flight, a flight attendant approached row 18 and said that the captain of the airplane wanted to know if I had an additional copy of the document which I had given to the ground agent. I gave the flight attendant the requested copy, which she promised would be returned to me.

16. As the flight attendant left,

the gentleman to my right, who was described in paragraph #14, again grumbled as to the way Mr. Baillif and I were being treated as passengers, who happened to be blind.

17. Sometime later (when we were beginning to descend for landing at the Dallas-Fort Worth International Airport) a different flight attendant approached row 18 and said that the captain of the aircraft wanted to see me when we were on the ground. With a condescending tone, this flight attendant accused me of moving from seat 9-B to seat 18-B "for your little case."

18. A gentleman sitting in seat 17-A began questioning the flight attendant as to the qualifications of sighted persons who sit in the emergency exit row and the lack of instructions given to all passengers sitting in this row. He asked the flight attendant what made her believe that sighted persons knew how to get the emergency windows open.

19. When Mr. Baillif and I deplaned, we were met by a ground agent, who was reading the document which the flight attendant had requested for the captain.

20. The agent explained that the captain of the plane had radioed ahead and had summoned him to the plane. He said that there was apparently some trouble over the emergency exit row and asked us for an explanation.

21. The captain then approached us. The captain identified himself as Jim Cleary. Captain Cleary had with him an American Airlines Flight Manual from which he read Part I, Section 13, page 1, Paragraph 4-c. This citation advises that it is an American Airlines rule that blind persons are not to sit in the emergency exit row or in the row immediately in front of or immediately behind the emergency exit row.

22. Captain Cleary claimed that paragraph 4-c was an FAA Regulation. Captain Cleary further claimed that if an FAA agent were onboard the aircraft and found him in violation of the regulation, the FAA would fine him \$1000.00 per person in violation of the rule, and in this case \$2000.00.

23. I asked Captain Cleary for a copy of Part I, Section 13, page 1, Paragraph 4-c of the American Airlines Flight Manual, and he declined to give it to me because he said it is "copyrighted" and he "would get into trouble."

24. Captain Cleary and I discussed the difference between FAA Regulations and American Airlines Flight Rules, which are merely filed with the FAA and are not FAA Regulations. After some conversation, Captain Cleary acknowledged that Part I, Section 13, page 1, Paragraph 4-c is an American Airlines Flight Rule and is not

an FAA Regulation. He continued to assert, however, that the FAA would fine him \$1000.00 per person if he was caught in violation of this rule.

25. Mr. Baillif and I had a discussion with Captain Cleary concerning the whole issue of blind persons being seated in the emergency exit row. At first, Captain Cleary tried to say that as blind persons we would be a hazard to ourselves in an emergency because we surely would be trampled by the other 148 passengers aboard the aircraft, if there was in fact an emergency evacuation. Almost before concluding this statement, Captain Cleary seemed to realize the ridiculousness of it. After all, Mr. Baillif and I had just vacated the plane independently and as quickly as other passengers. We discussed with Captain Cleary that, if an emergency occurred at night and the cabin was dark or the occurrence of the emergency caused a smoke-filled cabin, a blind person unaccustomed to seeing could be at a greater advantage than a sighted person. We pointed out to Captain Cleary that airline personnel can not discern the hidden characteristics of passengers — such as who will panic in an emergency, who has a bad heart, or who has some unrecognizable medical condition which might be the cause of extreme illness or sudden death from the fright caused by the emergency. By the time we concluded our discussion, I believe that we had pretty well dispelled Captain Cleary's reservations about blind persons sitting in the exit row — at least for that day and, hopefully, for future flights.

This is Sharon Gold's declaration, and if we consider the entire sequence of events leading up to it, the implications are quite instructive. The local Federation President had talked with the airport manager and the Attorney General's office and had got a ruling. We had given a copy of that ruling to two blind air travelers. When they refused to move from their assigned seats, airline personnel (who would customarily have had them arrested) were stymied. The plane took off, and they remained in their seats. Ordinarily there would have been a long delay, public abuse and humiliation, and possibly a trip to jail.

As I have said, the airlines are probably the nation's biggest bartender. They are also perhaps the nation's biggest and most cowardly bully. I have a second strategy to suggest to you. Let us begin to strip the nation's biggest bully of some of its police backing and then see how he fares.

We have made and brought to this convention several thousand copies of the Maryland Attorney General's ruling. They are avail-

able in this room today. Get them, and make use of them. I suggest that every state and local affiliate of the National Federation of the Blind move quickly and firmly to set up meetings with every state attorney general in the nation and the manager of every airport. Show them the Maryland ruling, and remind them that their state has a white cane law, which has the same provisions that the Maryland law has. Get a ruling from your attorney general. Get an agreement from your airport manager. Once you get the ruling, make many copies of it, and see that every blind person who flies has one in his or her pocket.

Remember that the nation's biggest bartender and bully will know what we are doing and deploy his forces with what speed he can muster to try to block us. We must get there first and cut him off at the pass. We will not be successful in every attorney general's office or at every airport, but neither will the airlines; and we will begin to cut their support from under them on the ground. If, as at BWI, the police refuse to help them, the only alternative they will have will be to fly and deal with us in the air or on the ground at our destination — unless, of course, we have cut them off there, too. In the air (although it will be unpleasant) we can hold our own quite handily. As I have already said, this is not a war which we have wanted or sought; but since we are forced to fight it, we will do it with vigor, imagination, and relentless determination.

At present, as you know, a regulatory negotiation (in federal parlance a "reg neg") is underway. In my opinion (although the nation's biggest bartender and bully would probably deny it) this reg neg would never have occurred if it had not been for the airlines' mistreatment of the blind and our response. Since early June we have been meeting to negotiate the promulgation of new federal airline regulations. The Department of Transportation, the FAA, the airlines, other disability groups, and the blind are participating. The sessions (usually one or two a week) are day-long affairs presided over by representatives of the Federal Mediation and Conciliation Service. As you know, Eileen Hoffman (the mediator who regularly presides at the meetings) is here today to speak to us, and I want to say publicly that she has demonstrated fairness and sensitivity in her chairing.

At the beginning of the reg neg meetings, I told Ms. Hoffman and the others present that we would negotiate in good faith (as we certainly will) but that we would not in the meantime cease pursuing other initiatives and avenues of solution. We will continue to seek

(Continued on page 8.)

What You Always Wanted To Know But Didn't Know Where To Ask

(Resource List)

About 500,000 people in the U.S. are blind, and each year 50,000 more will become blind. However, blindness does not need to be the tragedy that it is generally thought to be. With proper training and knowledge, blind people can be productive, first-class citizens. But first the blind individual must know where and how to get the training or services he or she needs.

With over 50,000 members, the National Federation of the Blind (NFB) is the largest organized group of blind people in the world. The NFB has and offers extensive information on all subjects relating to blindness and pertinent to blind people. There are many popular terms to describe us, but none of them captures the work the NFB does. For some blind people, we are the path to many services. For some, we are the way to survive while trying to get services. We are an advocacy group, a provider of legal defense, a self-help group, a government watchdog, a special interest group, and a public information center with resources available to anyone who is interested.

There are local NFB chapters in almost every city of any size in the United States. These chapters can offer any of the services the NFB has, and also arrange presentations to educate and enlighten groups interested in blindness. You are urged to contact the National Federation of the Blind for information or assistance concerning any issue dealing with blindness.

You may call or write us at our headquarters:

The National Federation
of the Blind
1800 Johnson Street
Baltimore, Maryland 21230
(301) 659-9314

Or contact your local chapter of the NFB. We're out there to help you help yourself.

The Blind At Work

The Job Opportunities for the Blind (JOB) is operated by the National Federation of the Blind in partnership with the U.S. Department of Labor. JOB is a listing and referral service for blind job applicants. The organization also produces and distributes the JOB RECORDED BULLETIN and SPECIAL BULLETIN for blind job applicants and their potential employers.

If you are blind and looking for a job, they can help you with your search. JOB provides recorded materials concerning the publications of the Department of Labor and conducts seminars for blind

and blind-deaf applicants to help them learn about their rights, improve job-search skills, educate them about laws and regulations, and to encourage them as much as possible in their job search.

Hiring the blind is reasonable, proper and necessary. It is time for America to recognize the blind as a competent and energetic minority in our midst. For more information concerning JOB, contact:

Duane Gerstenberger, Director
Job Opportunities for the Blind
1800 Johnson Street
Baltimore, Maryland 21230
1-800-638-7518

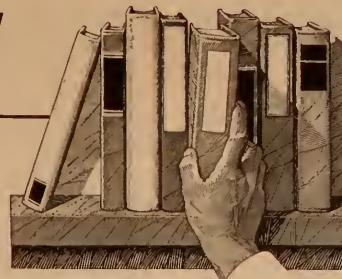
We do not endorse the following products but simply state their availability.

Equipment

Maxi Aids
86-30 102nd Street
Richmond Hill, NY 11418
Phone: (718) 846-4799

1.) Becton-Dickinson Automatic Injector: Provides automatic insertion of needle at proper depth and

(Continued on page 8.)



If you or a friend would like to remember the National Federation of the Blind in your will, you can do so by employing the following language:

"I give, devise, and bequeath unto National Federation of the Blind, 1800 Johnson Street, Baltimore, Maryland 21230, a District of Columbia nonprofit corporation, the sum of \$____ (or "____ percent of my net estate" or "the following stocks and bonds: _____") to be used for its worthy purposes on behalf of blind persons."

PERMISSION TO COPY

We grant anyone permission to copy any portion of our newsletter. We ask only that you let whomever receives a copy know where it comes from and how to contact us.

FORM FOR SUBSCRIPTION, DONATION OR MEMBERSHIP

Membership in the Diabetics Division of the National Federation of the Blind (NFB) costs \$2.00 yearly, tax deductible. However, production costs for Voice of the Diabetic run about \$6.00 per subscription. Members are invited and non-members, institutions, and professionals are requested to cover this cost. If you wish to join the NFB Diabetics Division, subscribe to Voice of the Diabetic, and/or make a donation, please mark the appropriate boxes and fill in the blanks below.

I wish to join the NFB Diabetics Division. My donation of at least \$2.00 is enclosed. (Membership entitles you to a newsletter.)

I do not wish to join at this time; enclosed is my donation of at least \$6.00 to start my subscription. This rate applies to all agencies and professionals.

I wish to receive the Voice of the Diabetic ...
(Choose one)

in print only on cassette tape only both in print and on tape

Cassette tapes provided on loan to blind or visually impaired persons at no extra cost.

I wish to support the Diabetics Division of the National Federation of the Blind with my tax deductible contribution of \$ _____

* Please print clearly.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number (_____)

Send this form or a facsimile along with your check to our treasurer:
Carol Anderson, 23 Lake Shore Drive South, Randolph, NJ 07869
Please make all checks payable to the NATIONAL FEDERATION OF THE BLIND.

Resource List

(Continued from page 7.)

angle. Catalog No. A34500. Cost: \$16.95.

2.) Brusher Injector Adapter: B-D #8479 for B-D syringe #8410. Catalog No. A34501. Cost: \$.85.

3.) Brusher Injector Adapter: B-D #3015 for B-D syringe #8461. Catalog No. A34503. Cost: \$1.50.

4.) "Magni-Guide" B-D Scale Magnifier and Needle Guide: Accurately guides the needle into the center of the insulin vial stopper. Magnifies the entire length of syringe scale for easier reading. Fits 1cc and 1/2cc insulin syringes. Catalog No. D54500. Cost: \$3.95.

Sherwood Medical
1831 Olive Street
St. Louis, MO 63103
Phone: (314) 621-7788

1.) Monoject Injectomatic: Automatic injector. 2 sizes, 1/2cc or 1cc. Cost: Approx. \$19.95-\$24.95. For free informational pamphlet contact Consumer Dept.

Braille Materials

Thermoform Braille materials (hand copied). Cost: Nine cents per page. There is a \$.75 charge for each volume for binding and labeling.

1.) Daily Menu Guide: 1200/1800/2000 calories, 1 Volume, 18 pages.

2.) Meat Planning Exchange Lists for Reactive Hypoglycemia: Kaiser Foundation Hospitals, one volume, 91 pages.

3.) 1,000 Calorie Diet: General diet and meal pattern, 11 pages. Order from:

The Braille Institute of America
741 North Vermont Ave.
Los Angeles, CA 90029
Phone: (213) 663-1111

Cassettes

1.) Three cassettes which explain the following: A.) What is Diabetes, and Diabetes in Your Eyes. B.) Diabetes in Your Eyes (continued) and the Diabetes Dictionary. C.) Continuation of Diabetes Dictionary. The cost is \$1.50 per tape and they are classified as series two. Order from:

Guid for the Blind
180 North Michigan Ave.
Suite 1720
Chicago, IL 60601

Print

1.) *The High Fiber Cook Book for Diabetes* by Mabel Cavaiani, R.N.: This book focuses on low-cholesterol and high fiber recipes. It provides the correct intake of dietary fiber and complex carbohydrates and includes over 100 recipes. This book includes the revised 1986 exchange list for meal planning from the American Diabetes Association and the American Diabetic Association. The cost is \$8.95. Published by:

Perigee Books
200 Madison Avenue
New York, New York 10016

2.) *The American Diabetes Association Holiday Cookbook* by Betty Wedman, M.S., R.D. This book has 177 recipes for people with diabetes. It includes everything from appetizers to desserts. To order: contact your local ADA affiliate or phone toll-free 1 (800) 232-3472.

Air Travel

(Continued from page 6.)

help from Congress; we will keep up our contacts with the media; we will go forward with our campaign of informing the public; and we will always stand ready to reach any reasonable understanding with the airlines. We will also pursue our new initiatives of documenting airline liquor abuses, getting rulings from state and local law officials, and thinking up every other means we can of bringing the abuse of blind people to an end. It is not a game we are playing, and just as the blacks could not compromise on the question of sitting at the back of the bus, neither can we compromise on sitting in the exit row.

What we want is simple. We want to pay for our tickets and travel in peace like everybody else. We are not a greater risk than others who ride the planes, and we are not willing to be treated as if we were.

To the airlines we say this: "First you tried to custodize us and treat us like small children. When (regardless of how courteously) we declined to accept such treatment, you resented us and tried to force us. In recent months you have (on more than one occasion) jeopardized our safety, and the safety of those around us, by publicly inciting other passengers to violence against us — and you have done this in the name of promoting the very safety you have jeopardized. You have humiliated us, prevented us from flying, and caused us to be arrested and sometimes put into jail. We have been long-suffering and patient, but there comes a time when patience ceases to be a virtue and long-suffering meekness becomes cowardice. If you continue to make war on us, we will stand forth to meet you with all the force we can muster. We want no strife or confrontation, but we will do what we have to do. We are simply no longer willing to be second-class citizens."

Tidbits And Humor

Don't Forget

Just a reminder to all Diabetics Division members of the NFB, please don't forget to send your annual dues (\$2.00) to our treasurer: Carol Anderson, 23 Lake Shore Drive South, Randolph, NJ 07869.

The \$2.00 annual fee is for membership in the Diabetics Division of the NFB and not a subscription charge for our newsletter. For those hospitals, agencies and other organizations that wish to subscribe, the cost is \$6.00 for a yearly subscription (four issues).

Q: What flowers are kissable?
A: Tulips.

Tape Readers

We thank the South Dakota State Library for the Blind and Physically Handicapped for their provision of the cassettes and holders for our newsletters and the handling of them. This newsletter, vol. 3, no. 4, will be sent on tape to all people on the tape mailing list. People will not be sent another tape until the previous one has been returned.

Because our newsletter is often recorded at a slower than normal speed, a tape recorder that will play at normal and slow speeds is necessary. All legally blind persons may obtain one of these special recorders for free. For more information, contact your regional library for the blind and physically handicapped, or phone toll-free (800) 424-8567.

New Position

We are proud to announce the appointment of Royanne R. Hollins to the position of Insulin Pump Committee Chairperson.

Royanne has been a diabetic for 24 years and has been on insulin pump therapy for several months. She invites anyone with questions or looking for more information about insulin pump therapy to contact her at: 3042 LaRue Way, Rancho Cordova, CA 95670, (916) 369-6524.

Q: Why is the sea so restless?
A: Because it has rocks in its bed.

NFB DIABETIC DIVISION 1987-88 Board Members and Chairpersons

Board Members

President: Karen Mayry, 919 Main St., Ste. 15, Rapid City, SD 57701. Phone: (605) 348-8418.

First Vice President: Ed Bryant, 23 S. 8th St., Ste. H-2, Columbia, MO 65201. Office phone: (314) 449-4121 ext. 100. Home phone: (314) 445-1928.

Second Vice President: Betty Walker, 1826 Mississippi St., Jefferson City, MO 65101. Phone: (314) 634-7969.

Secretary: Dolores Olson, 1518 N. McAllister Ave., Tempe, AZ 85281. Phone: (602) 947-2038.

Treasurer: Carol Anderson, 23 Lake Shore Dr. S., Randolph, NJ 07869. Phone: (201) 895-3166.

Committees and Chairpersons

Amputations and Prevention: Ken Carstens, 603 13th St. N., Virginia, MN 55792. Phone: (218) 741-0312. Dorothy Weaver, 9005 Blue Pool, Columbia, MD 21045. Phone: (301) 730-7543.

Dialysis and Renal Failure: Karen Mayry and Ed Bryant (see above).

Fund Raising: Betty Walker (see above).

Insulin Pump: Royanne R. Hollins 3042 LaRue Way, Rancho Cordova, CA 95670, Office phone: (916) 929-9271. Home phone: (916) 369-6524.

Newsletter: Ed Bryant (see above).

Resource Library: Cheryl McCaslin, 3115 Crestview, Apt. 107, Dallas, TX 75235. Phone: (214) 528-4818.

Resources (Aids and Appliances): Martha LaQue, 284 Caddo St., San Antonio, TX 78211. Phone: (512) 924-7606 or (512) 927-3882.

Money Talks

Betty Walker, our Vice President and Fund Raising Chairperson says: "Money here, Money there, everybody wants their share ... we do too."

The Diabetics Division of the National Federation of the Blind needs funding. Betty urges state affiliates, local chapters, or anyone who would consider making a donation to do so. Remember, diabetes is the leading cause of new blindness. Please send your contribution today.

A Goof

In our last newsletter (vol. 2, no. 3) there was a spelling error in the heading of an article: glycosalated should not be spelled glycosated. We apologize for this mistake and in the future will do our best to alleviate this type of problem.

Make Your Voice Heard

Since I, as your editor, am ultimately responsible for this publication, I need to know of any foul-ups or goofs. I also welcome any suggestions, recommendations, and/or criticisms. We invite you to send recipes for the Recipe Corner, tidbits, jokes, and articles that would interest our readers. Send your great ideas to: Ed Bryant, 23 South 8th Street, Suite H2, Columbia, MO 65201. Office Phone: (314) 449-4121 ext. 100. Home Phone: (314) 445-1928.